



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

male patients, think very little about the feelings of their own sex in such cases, not even when young students are acquiring practical knowledge from exposure of female patients. In fact, I have known nurses to smile at what I would consider rather coarse remarks, at such times.

I fully believe that nurses should be trained to look upon the human body of either sex in such a way and to become so familiar with it all that the term "screen" would become obsolete. As I see it, there is no reason why a true nurse should think any more about seeing an operation where the genital organs are exposed than she would upon seeing an operation on the eye.

I have taken care of a great many male patients in my private practice. If one required to be catheterized I catheterized him. If a tub bath was necessary for the patient's welfare I gave it. If he required the urinal and could not adjust it on account of hands or arms being useless for the time being, I adjusted it and at no time did I find that they minded it any more than my female patients did when I had to do the same for them; in fact, not as much as some of them did. I also found that instead of decreasing the patient's or doctor's estimation of me it increased it. When I had any of the above to do I got everything ready and then told my patient, at the same time appreciating his sensitiveness the same as I would one of my own sex.

M. J. W.

BETTER NURSING FOR CHILDREN IN PUBLIC ORPHANAGES

DEAR EDITOR: A few years ago, having charge of a hospital in one of these institutions, I came to know just how necessary it was that a capable nurse should be placed in every such institution. For instance, in the orphanage with which I was connected, sheltering some two hundred and fifty children, having a large farm, and where conditions should have been ideal, I found all buildings, with the exception of the hospital, in a most unsanitary condition. Dormitories were infested with vermin, as were the children; water closets were never properly flushed; stagnant pools of water were standing on the campus, and this in a part of the country where malaria runs riot.

Naturally the little hospital, of some twenty-five beds, was always well filled with cases of malaria, typhoid, scarlet fever, and diphtheria, not to mention numerous other diseases common among children. There were also many accident cases. Altogether, conditions were such as to make the soul of even a well-seasoned nurse quail, and recognize her inability always to cope with the situation. By far the greatest difficulty was encountered in trying to better hygienic conditions, when resistance was met at every turn from ignorant and old-fashioned matrons. One was even found feeding sweet potato to a year-old baby to correct diarrhoea! Innumerable cases of just such mismanagement were of common occurrence.

The point I wish to emphasize especially is, that, though provision is made by the state for the service of a graduate nurse, it was recently brought to my notice that the authorities had dispensed with such service and had installed in the nurse's place a slip of a girl, an inmate of the institution brought up under the most unhygienic teaching, with absolutely no hospital training. This young girl, with the help of mere children, was caring for serious cases, preparing for and assisting at minor operations and even amputations, at which no nurse was present.

If such conditions prevail in one institution which is fondly supposed to be a model one, are there not probably others? Now that the combined efforts of the nurses and the women's clubs are influencing legislation for the betterment of conditions in almshouses, why cannot something be done to enforce legislation which has already been enacted, in behalf of the children who are cared for in separate institutions?

M.

A SUCCESSFUL CENTRAL REGISTRY

DEAR EDITOR: As the subject of establishing successful central registries seems to be one that is taking up the thought and time of nurses and nurses' associations all over the country, I should like your many readers to know what the nurses of Kansas City have done along this line.

The Kansas City Graduate Nurses' Association established a central directory last July; from the beginning it has been self-supporting. The directory is in charge of an experienced registrar and is governed by the executive board and three members of the association (nurses doing private duty). The registrar receives a salary of \$75 per month.

At the end of our first six months we have not only regularly paid the salary of the registrar, but all bills for telephones, printing, and current expenses have been paid and we have a balance of \$38 in our treasury; this does not mean the treasury of the association, for the finances of the directory and association are kept entirely separate. Both nurses and physicians unite in voting the central directory a success.

From the beginning we have had the earnest and loyal support of the superintendents of the various hospitals and training schools. The nurses have put school feeling aside, and have worked nobly for a common cause.

When plans for the central directory were discussed, it was voted by the nurses to make the directory fee sufficient to enable the directory to be run in the most efficient way possible. A fee of \$10 per year, payable semi-annually, was voted. It was also voted to devote any surplus over and above running expenses to the establishing of a benefit fund for sick members.

To be eligible to the directory privileges, a nurse must be a member of the Kansas City Graduate Nurses' Association. We have 222 members in the association and a directory list of 125. We have averaged 125 calls per month. Our out-of-town calls are steadily increasing.

We trust that our small measure of success may encourage those who hesitate.

MENA SHIPLEY, R.N., Secretary.

PRIVATE DUTY PROBLEMS

DEAR EDITOR: I have proven to my satisfaction that in caring for my patients during the day, they do remarkably well as a rule. I have also proven that if I keep myself in good condition by coming home to sleep in a good bed in a comfortable room, and by getting my morning bath and a good breakfast (the living even among the rich in this country is not always what would be called good for a person who works, in your country) that my work is not so arduous and that the patient does better. As I compare the patients cared for in this way with those equally as sick for whom I have cared in the past, I can see that they did not do nearly as well when I was not working under